

Readopted Final Rule
LSA Document #13-241(F)**DIGEST**

Readopts rules in anticipation of [IC 4-22-2.5-2](#), providing that an administrative rule adopted under [IC 4-22-2](#) expires January 1 of the seventh year after the year in which the rule takes effect unless the rule contains an earlier expiration date. Effective 30 days after filing with the Publisher.

[405 IAC 1-1](#); [405 IAC 1-1.5](#); [405 IAC 1-1.6](#); [405 IAC 1-3](#); [405 IAC 1-4.2](#); [405 IAC 1-4.3](#); [405 IAC 1-5](#); [405 IAC 1-8](#); [405 IAC 1-10.5](#); [405 IAC 1-11.5](#); [405 IAC 1-12](#); [405 IAC 1-13](#); [405 IAC 1-14.5](#); [405 IAC 14.6](#); [405 IAC 1-15](#); [405 IAC 1-16](#); [405 IAC 1-17](#); [405 IAC 1-18](#); [405 IAC 1-19](#); [405 IAC 1-20](#); [405 IAC 1-21](#); [405 IAC 1.1-1](#); [405 IAC 1.1-2](#); [405 IAC 1.1-3](#); [405 IAC 2-1](#); [405 IAC 2-2](#); [405 IAC 2-3](#); [405 IAC 2-3.2](#); [405 IAC 2-4](#); [405 IAC 2-5](#); [405 IAC 2-6](#); [405 IAC 2-7](#); [405 IAC 2-8](#); [405 IAC 2-9](#); [405 IAC 2-10](#); [405 IAC 5-1](#); [405 IAC 5-2](#); [405 IAC 5-3](#); [405 IAC 5-4](#); [405 IAC 5-5](#); [405 IAC 5-6](#); [405 IAC 5-7](#); [405 IAC 5-8](#); [405 IAC 5-9](#); [405 IAC 5-10](#); [405 IAC 5-12](#); [405 IAC 5-13](#); [405 IAC 5-14](#); [405 IAC 5-15](#); [405 IAC 5-16](#); [405 IAC 5-17](#); [405 IAC 5-18](#); [405 IAC 5-19](#); [405 IAC 5-20](#); [405 IAC 5-21.5](#); [405 IAC 5-22](#); [405 IAC 5-23](#); [405 IAC 5-24](#); [405 IAC 5-25](#); [405 IAC 5-26](#); [405 IAC 5-27](#); [405 IAC 5-28](#); [405 IAC 5-29](#); [405 IAC 5-30](#); [405 IAC 5-31](#); [405 IAC 5-32](#); [405 IAC 5-33](#); [405 IAC 5-34](#); [405 IAC 5-35](#); [405 IAC 5-36](#); [405 IAC 5-37](#); [405 IAC 5-38](#)

SECTION 1. UNDER [IC 4-22-2.5-4](#), THE FOLLOWING ARE READOPTED:

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| 405 IAC 1-1 | General Provisions |
| 405 IAC 1-1.5 | Provider Reimbursement Appeal Procedures |
| 405 IAC 1-1.6 | Managed Care Provider Reimbursement Dispute Resolution |
| 405 IAC 1-3 | Criteria for Level of Care in Long Term Care Facilities |
| 405 IAC 1-4.2 | Home Health Services |
| 405 IAC 1-4.3 | Additional Rate Setting Criteria for Nursing Facilities, Community Residential Facilities for the Developmentally Disabled, and Intermediate Care Facilities for the Mentally Retarded |
| 405 IAC 1-5 | Provider Records |
| 405 IAC 1-8 | Hospital & <i>[sic, and]</i> Ambulatory Surgical Center Reimbursement for Outpatient Services |
| 405 IAC 1-10.5 | Reimbursement for Inpatient Hospital Services |
| 405 IAC 1-11.5 | Reimbursement for Services Performed by Physicians, Limited License Practitioners, and Nonphysician Practitioners |
| 405 IAC 1-12 | Rate-Setting Criteria for Non-State Owned ICFs-MR and CRFs-DD <i>[sic, Rate-Setting Criteria for Nonstate-Owned Intermediate Care Facilities for the Mentally Retarded and Community Residential Facilities for the Developmentally Disabled]</i> |
| 405 IAC 1-13 | Disproportionate Share Hospital Payments |
| 405 IAC 1-14.5 | Rate-Setting Criteria for HIV Nursing Facilities |
| 405 IAC 1-14.6 | Rate-Setting Criteria <i>[sic, for]</i> Nursing Facilities |
| 405 IAC 1-15 | Nursing Facilities; Electronic Transmission of Minimum Data Set |
| 405 IAC 1-16 | Reimbursement for Hospice Services |
| 405 IAC 1-17 | Rate-Setting for State Owned ICFs-MR <i>[sic, Rate-Setting Criteria for State-Owned Intermediate Care Facilities for the Mentally Retarded]</i> |
| 405 IAC 1-18 | Reimbursement for Medicare Cross-Over Claims |
| 405 IAC 1-19 | Ownership and Control Disclosures |
| 405 IAC 1-20 | Change of Ownership for a Long Term Care Facility |
| 405 IAC 1-21 | Payments for Psychiatric Residential Treatment Facility Services |
| 405 IAC 1.1-1 | Administrative Law Judge Hearings |
| 405 IAC 1.1-2 | Agency Review |
| 405 IAC 1.1-3 | Judicial Review |
| 405 IAC 2-1 | General Requirements; Medicaid Recipient Eligibility |
| 405 IAC 2-2 | Eligibility Requirements Other than Need |
| 405 IAC 2-3 | Eligibility Requirements Based on Need; Aged, Blind, and Disabled Program |

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| <u>405 IAC 2-3.2</u> | Presumptive Eligibility for Pregnant Women |
| <u>405 IAC 2-4</u> | Burial Expenses |
| <u>405 IAC 2-5</u> | Determination of Monthly Income |
| <u>405 IAC 2-6</u> | Medical Assistance for Individuals 18, 19, and 20 Years of Age |
| <u>405 IAC 2-7</u> | Medical Assistance for Individuals Receiving SSI Benefits [<i>sic</i> , <i>Medical Assistance for Individuals Receiving Supplemental Security Income Benefits</i>] |
| <u>405 IAC 2-8</u> | Claims Against Estate of Medicaid Recipients |
| <u>405 IAC 2-9</u> | Medicaid for Employees with Disabilities |
| <u>405 IAC 2-10</u> | Lien Attachment and Enforcement |
| <u>405 IAC 5-1</u> | General Provisions |
| <u>405 IAC 5-2</u> | Definitions |
| <u>405 IAC 5-3</u> | Prior Authorization |
| <u>405 IAC 5-4</u> | Provider Enrollment |
| <u>405 IAC 5-5</u> | Out-of-State Services |
| <u>405 IAC 5-6</u> | Restricted Utilization |
| <u>405 IAC 5-7</u> | Administrative Review and Appeals of Prior Authorization [<i>sic</i>] Determinations |
| <u>405 IAC 5-8</u> | Consultations and Second Opinions |
| <u>405 IAC 5-9</u> | Evaluation and Management Services |
| <u>405 IAC 5-10</u> | Anesthesia Services |
| <u>405 IAC 5-12</u> | Chiropractic Services |
| <u>405 IAC 5-13</u> | Intermediate Care Facilities for the Mentally Retarded |
| <u>405 IAC 5-14</u> | Dental Services |
| <u>405 IAC 5-15</u> | Early and Periodic Screening, Diagnostic, and Treatment Services |
| <u>405 IAC 5-16</u> | Home Health Agency and Clinic Services |
| <u>405 IAC 5-17</u> | Hospital Services |
| <u>405 IAC 5-18</u> | Laboratory Services |
| <u>405 IAC 5-19</u> | Medical Supplies and Equipment |
| <u>405 IAC 5-20</u> | Mental Health Services |
| <u>405 IAC 5-21.5</u> | Medicaid Rehabilitation Option Services |
| <u>405 IAC 5-22</u> | Nursing and Therapy Services |
| <u>405 IAC 5-23</u> | Vision Care Services |
| <u>405 IAC 5-24</u> | Pharmacy Services |
| <u>405 IAC 5-25</u> | Physician Services |
| <u>405 IAC 5-26</u> | Podiatric Services |
| <u>405 IAC 5-27</u> | Radiology Services |
| <u>405 IAC 5-28</u> | Medical and Surgical Services |
| <u>405 IAC 5-29</u> | Services Not Covered by Medicaid |
| <u>405 IAC 5-30</u> | Transportation Services |
| <u>405 IAC 5-31</u> | Nursing Facility Services |
| <u>405 IAC 5-32</u> | Rehabilitation Unit |
| <u>405 IAC 5-33</u> | Acute Care Hospital Admission |
| <u>405 IAC 5-34</u> | Hospice Services |
| <u>405 IAC 5-35</u> | Case Management Services for Infants and Toddlers with Disabilities |
| <u>405 IAC 5-36</u> | Diabetes Self Management Training |
| <u>405 IAC 5-37</u> | Smoking Cessation Treatment Policy |
| <u>405 IAC 5-38</u> | Telemedicine Services |

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Intent to Readopt Rules: [20130619-IR-405130241RNA](#)

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